PTO/SB/05 (01-04)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attomey Docket No.	5032US-DIV	9.0
First Inventor	NICOLETTE, Charles A.	
Title	Therapeutic Compounds	750
Express Mail Label No.	EL 408061430 US	

See MPEP o	<del>-</del>	ION ELEMENTS ming utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450						
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 52 ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets]  5. Oath or Declaration [Total Sheets]  5. Oath or Declaration [Total Sheets]  6. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76				Alexandria VA 22313-1450  7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.  Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i.  CD-ROM or CD-R (2 copies); or  ii.  Paper  c.  Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9.  Assignment Papers (cover sheet & document(s))  10.  37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney  11.  English Translation Document (if applicable)  12.  Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13.  Preliminary Amendment  14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)  16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:									
		_ =							
Contir	nuation	Divisional Continua	ation-in-part (0	CIP) of prior application	on No.: 0.9/§	870,089			
Prior application information: Examiner Susan Unger  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
		19. CORRESPON	DENCE A	DDRESS					
☑ Custon	ner Number:	24536		OR Corre	espondend	e address below			
Name	Elizabeth Lasse	en	-						
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15 Pleasant Street Connector									
Country	Framingham		State   Massachusetts   Zip Code   01701-9322     Telephone   508-270-2553   Fax   508-872-5415						
***	USA			508-270-2553	ra	X 508-872-5415			
Name (Print/Ty	pe) Elizabe(f)L	assen //	Registrati	ion No. (Attorney/Agent)	31,845	)			
Signature		walneth Hurn			Date	March 31, 2004			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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3		Complete if Known					
TO LEE IKANOMIIIIALI		Application Number	Divisional of 09/870,089				
d for E	Y 2004	Filing Date	Herewith				
	i ZUU4 es are subject to annual revision.	First Named Inventor	NICOLETTE, Charles A.				
<u> </u>	· · · · · · · · · · · · · · · · · · ·	Examiner Name	formerly Susan Unger				
Applicant claims small entity	status. See 37 CFR 1.27	Art Unit	formerly 1642				
TOTAL AMOUNT OF PAYMEN	т (\$) 770.00	Attorney Docket No.	5032US-DIV				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	ne 3. ADDITIONAL FEES					
Order U U			Small			
Deposit Account:	Fee	Fee		Fee	Fee Description	
Deposit Account 07-1074	Code			(\$)	·	Fee Paid
Number Deposit OFLITALE CORRORATION	1051	130	2051		Surcharge - late filing fee or oath	
Account GENZYME CORPORATION	1052	50	2052		Surcharge - late provisional filing fee or cover sheet	
Name  The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	<u> </u>
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805		Requesting publication of SIR after	
to the above-identified deposit account.	1000	1,040	1000	1,040	Examiner action	<b>——</b>
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	<b>——</b>
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 205   Hillips Sling for	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee 770	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 770.00	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Total Claims 9 -20** = 0 x 18 = 0	1503	640	2503	320	Plant issue fee	
Claims 3 - 3** = 0 X 00 = 0	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b))  Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900		
SUBTOTAL (2)	Other	fee (sp	ecify) _			
SUBTOTAL (2) (\$)  **or number previously paid, if greater; For Reissues, see above	*Redu	iced by	Basic F	Filing Fe	ee Paid SUBTOTAL (3) (\$)	

SUBMITTED BY					(Complete (	if applicable))
Name (Print/Type)	Elizaben Lassen		Registration No. (Attorney/Agent)	31,845	Telephone	508-270-2553
Signature	ely aluth o	ran	<u> </u>		Date	March 31, 2004

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